

Case Number:	CM14-0051656		
Date Assigned:	07/07/2014	Date of Injury:	04/06/2010
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old female with a 4/6/10 date of injury. The mechanism of injury was when she was performing "baton training" and started to feel neck pain which shoots down into her trapezius muscle near the left shoulder during one of these maneuvers. According to a progress report dated 6/25/14, the patient presented for follow-up regarding ongoing neck pain which she stated has been slowly improving since her last visit. The patient recently had a rhizotomy at left C4-5 and C5-6 facet medial branch nerves on 4/10/14 which is greatly reducing her pain and has increased her mobility and ability to ambulate. She occasionally has a "stinging" sensation on her left neck and a stabbing pain in her left neck. She rated this at a 4/10 on the pain scale. Objective findings: gait is normal and non-antalgic, no tenderness to palpation over the cervical spine at midline or at the paraspinals, the ROM of cervical spine is intact in all planes, there is no pain with ROM, no tenderness at the bilateral trapezius, sensation and strength are intact and equal bilateral upper extremities. Diagnostic impression: C6-7 stenosis with improving left radiculopathy, right wrist arthralgia, chronic pain syndrome, and cervical facet arthropathy. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 3/24/14 denied the requests for neurology consultation and weight loss program. Regarding neurology consultation, there are no medical necessity criteria for neurology consultation since the patient has been managed by a pain management specialist. Regarding weight loss program, counseling for diet and exercise as well as behavior therapy are mainstays of treatment for obesity. Weight loss is not necessarily a medical necessity, and there is nothing documented that patient could not be educated on a low-calorie, low-fat diet and a simple home exercise program by her primary care physician or a registered dietician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 CLINICAL TOPICS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6-Independent Medical Examinations and Consultations page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. According to a primary treating physician's progress report dated 4/2/14, the provider is requesting a neurological consultation, as the patient has not yet been evaluated for her headaches. The Guidelines support consultations as determined to be necessary according to the primary treating physician. Therefore, the request for Neurology Consultation was medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Annals of Internal Medicine, volume 142, pages 1 to 42, January 2005 titled Evaluation of Major Commercial Weight Loss Program by the authors, and an article written in the Annals of Royal College of Surgeons of England, dated November 2, 2009 titled Obesity and Recovery from Low Back Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: The California MTUS and the ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg or a BMI greater than or equal to 27 and less than 30 kg and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal

to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, there is no connection between the obesity and the industrial injury or its treatment. Additionally, there is no scientific proof that weight loss is medically necessary to treat complaints of neither back pain nor post-operative ankle injuries. Issues of causation must be referred to the claims adjuster. Utilization Review must make determinations based solely on medical necessity. Causation and or compensability AOE/COE per the DWC are not in the scope of utilization review. In the reports reviewed, there is no documentation of the patient's height and weight in order to calculate her BMI. In addition, there is no discussion of failure of diet and exercise programs. Furthermore, this request for a weight loss program does not indicate the duration of time being requested for the program. Therefore, the request for Weight Loss Program was not medically necessary.